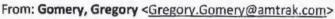
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Date: Wed, Feb 7, 2018, 4:34 AM Subject: CRR 04468681 Follow-up

To: keithgreen1953@gmail.com <keithgreen1953@gmail.com>

Dear Mr. Green,

I am writing to follow-up on a complaint that you logged with our customer relations department as there is more information needed on my end.

- 1 Was this employee interaction at Wilson or Washington?
- 2 Was this with the conductor or train attendant?
- 3 Car boarded... First, second, third, ... last car of the train?
- 4 Description of employee.

I thank you in advance for your time and any additional information that you can provide.

Sincerely,

Gregory Gomery

Amtrak Trainmaster Charlotte



July 9, 2018

Keith Green 4137 B. Brook Creek Lane, Greenville, IL 27858

RE: Incident Number: Date of Incident: 154080/1 2/3/2018

Dear Mr. Green

I am sorry to hear about your recent incident, which you reported occurred while traveling on Amtrak. If your injury required medical attention and/or you intend to pursue a claim for this incident, please review the remainder of this letter in its entirety. Pursuant to Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA), Amtrak is required to report certain settlements, judgments, awards, or other payments made to Medicare-eligible persons to the Centers for Medicare and Medicaid Services (CMS), an agency of the United States Department of Health and Human Services.

In order to comply with this reporting requirement, I have enclosed the following four forms, together with a self-addressed, stamped envelope, for your completion.

- Social Security Administration Consent to Release Information please be sure to provide your full
 name including middle initial (if applicable), social security number and date of birth on the form, and
 sign and date.
- CMS (Medicare) Consent to Release form please sign and date.
- CMS (Medicare) Eligibility form please complete, sign and date.
- 4. HIPAA Compliant Authorization This will allow me to obtain copies of your medical bills and doctors' reports, which I need to evaluate your claim. Please include the name, address and telephone number of all treating doctors, hospitals and/or other medical treatment facilities where you received treatment. A separate form will need to be completed for each medical provider where you sought treatment.

In addition, please advise if you have ever received healthcare coverage through a Medicare Part C Advantage Plan and/or Medicare Part D Prescription Drug Plan. If you have, please provide the name of the plan provider(s) and dates of coverage. If you have not, I need to know that as well.

After I receive the completed forms from you, I will contact you to discuss your claim. Please be advised Amtrak is self-insured and does not have medical payment coverage. If you have any questions, please call me at 202-906-3709 between the hours of 8:30 a.m. and 4:30 p.m. EST Monday through Friday.

Finally, if you are making a claim against Amtrak and you are eligible for Medicare benefits, please contact the Benefits Coordination and Recovery Center (BCRC) by calling 1-855-798-2627 (or TTY/TDD: 1-855-797-2627 for the hearing and speech impaired). Please have your HICN/Medicare Number available when you call. Alternatively, you may report your claim by writing to the BCRC at MEDICARE – Data Collections, P.O. Box 138897, Oklahoma City, OK 73113-8897, fax number 1-405-869-3307 to report your claim.

Thank you for your cooperation.

Sincerely,

Kyle Middaels (15)

Kyle Michaels Senior Claims Specialist Enclosures (6) NATIONAL RAILROAD PASSENGER CORPORATION husetts Avenue, NW: 5th Floor, Washington, DC 20001

July 12, 2018

Keith Green 4137 Brook Creek Ln Apt. B Greenville, NC 27858

RE: Incident of 02/03/2018

Dear Mr. Green

Please see the enclosed HIPAA Complaint Authorization forms. This will allow me to obtain copies of your medical bills and doctors' reports, which I need to evaluate your claim. Please include the name, address and telephone number of all treating doctors, hospitals and/or other medical treatment facilities where you received treatment. A separate form will need to be completed for each medical provider where you sought treatment.

Sincerely

Kyle Michaels

Senior Claims Representative

Wish 2224
202- 201-2000



July 18th, 2019

Keith Green 4137 B. Brook Creek Lake Greenville, NC 27858

Re:

Claimant:

Keith Green

Amtrak Claim:

-154080/1-

Incident Date:

02/03/18

Dear Mr. Green:

We value and appreciate your business in choosing Amtrak as your travel provider and were sorry to learn of your unfortunate incident on February 20, 2018.

After carefully reviewing and considering all available information and supporting documentation received regarding this incident, it is found Amtrak is not liable for the injury you are claiming; therefore, we will not be able to honor your claim. Thank you for your understanding, cooperation, and patience during the investigation.

Should you have any questions, please call me at 1-866-512-7959.

Sincerely,

Kyle Michaels

Senior Claims Representative

Enclosures

to whom it may concern:

again I am asking for your help with antrak and my with antrak and my with kifled, who was telling me he was waiting on his boss to tell him what to do with my claim, this is the second time of asked for your help.

4137BBrook Creek Lane Greenville, NC 27858 240-701-1144

Keith Green Vs Amtrak Dear Ms. Marm,

Thank you for your email communication of May 23, 2019 regarding Mr. Keith Green's inquiry.

We understand Mr. Green's desire to conclude this matter expeditiously and this is our goal as well. However, due to the circumstances of the incident and the significant injuries being claimed, Amtrak is taking steps to ensure all available infarmation and supporting documentation are reviewed and considered. In daing so, the process can be deemed lengthy to the injured party but necessary to come to the appropriate resolution of Mr. Green's case. This includes interviews of all parties who have knowledge about this incident, review of Mr. Green's medical records/history of his treatment, any required follow up investigation warranted based on information provided, and at times internal discussions with Claims Management as facts are gathered.

Since Mr. Green has communicated again with your affice, the Claims Department will continue to fallow up with him to keep him informed of the pragress of his claim and to re-explain the claims process.

Patrick Edmond

Director, Government Affairs

National Railroad Passenger Corporation

1 Massachusetts Avenue, NW

Washington, DC 20001

Mr. Green,

Forwarded is an email I received today concerning your pending claim with Amtrak. I hope that in some way their information proves to be helpful.

Thank you for contacting our office.

Sincerely,

Deborah Y. Marm

Office of Third Congressional District

1105-C Corporate Drive

Greenville, North Carolina 27858

Phone (252) 931-1003

Fax (252) 931-1002

Keith Green

Date of call:

11/9/2018

Complainant Name:

Keith Greene

Complainant Phone Number:

240-701-1144

Complainant Mailing Address:

4137 B Brookcreek Lane, Greenville, NC 27858

Complainant Email Address:

keithgreen 1953@gmail.com

Date of Incident:

2/3/2018 To 2/3/2018

Location of Incident:

Wilson, NC to Washington, DC

Was AMTRAK Called:

YES⊠ NO□ N/A□

AMTRAK Case Number:

154080/1

Details of incident from complainant:

While boarding Amtrak, Mr. Green asked for assistance and the conductor/attendant stated Amtrak doesn't provide that type of assistance anymore. Mr. Green also mentioned there was no yellow step stool.

Mr. Green already had a disability (torn Achilles tendon). He tried to lift his leg to get on the train and bumped his toe. Mr. Green went to the hospital in Greenville approximately one week later to address the pain in his toe. Within two weeks Mr. Green was traveling to Glen Burnie, MD and the pain became more intense and then sought additional medical attention to address the pain in his toe for a second time. Mr. Green went to the BWI hospital Mr. Green was diagnosed with Gangrene and has his toes amputated. During a follow-up visit about 30 days after his toes were amputated Mr. Green was told that the Gangrene was in leg and it also needed to be amputated.



U.S. I tment of Transportation Fed Railroad Administration Office of the Administrator

Ed Pritchard

Equal Employment Specialist Office of Civil Rights

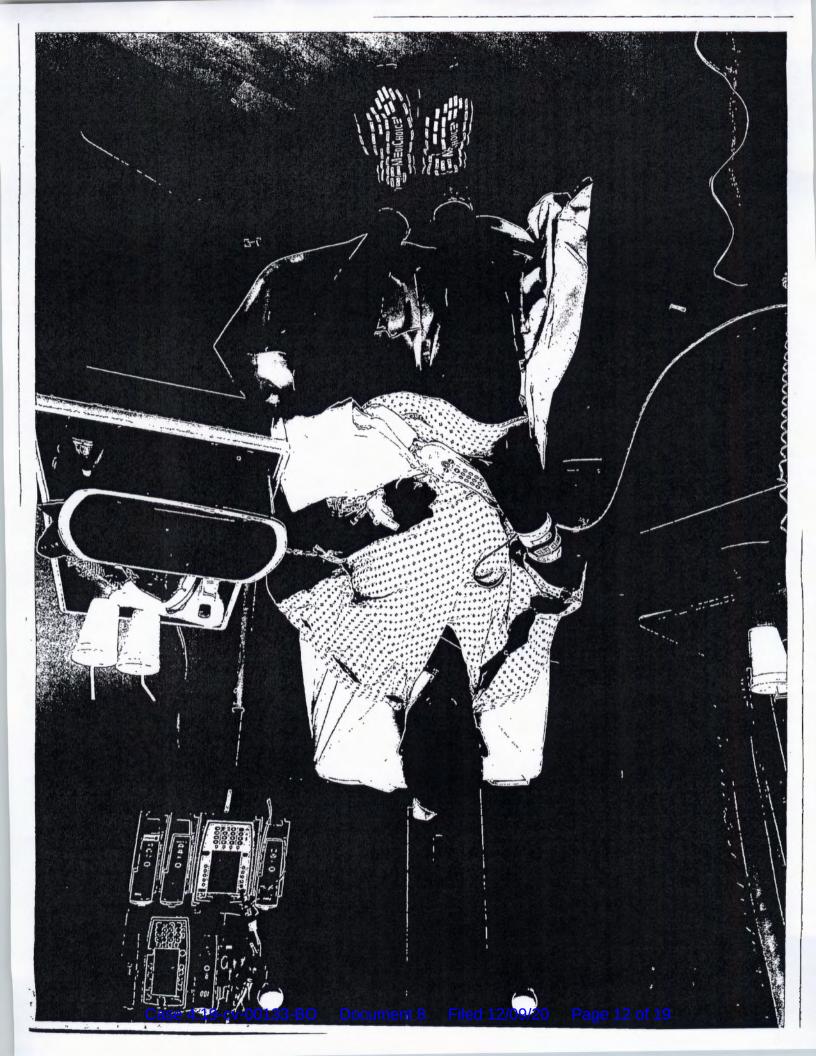
1200 New Jersey Avenue, SE Washington, DC 20590 Tel: (202) 493-6077 Cell: (202) 527-2995 edward.a.pritchard@dot.gov Remedy: Chair lift installed in home to assist with him going upstairs.

Compensation for Medical bills

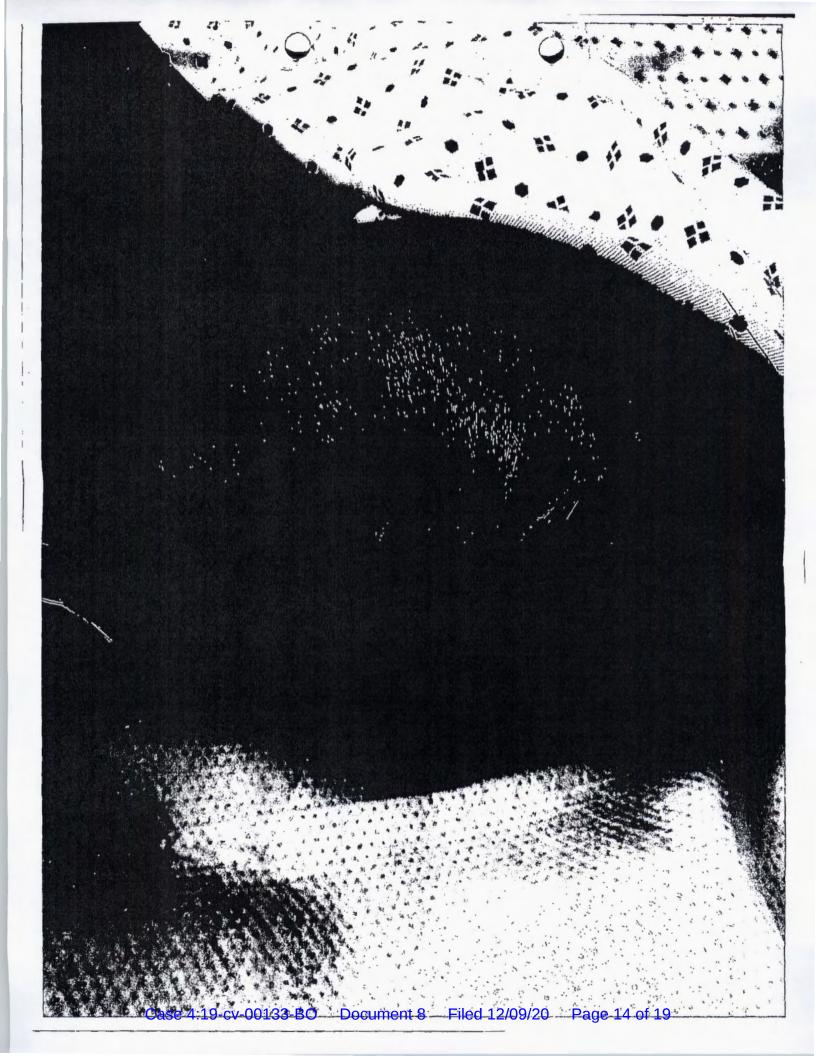
Date of letter from Amtrak July 9 and July 12

Called Kyle Michaels at least 20 times without a response. Last time called was approximately October 26, 2018. Mr. Green is very disappointed with the lack of response from Mr. Michaels

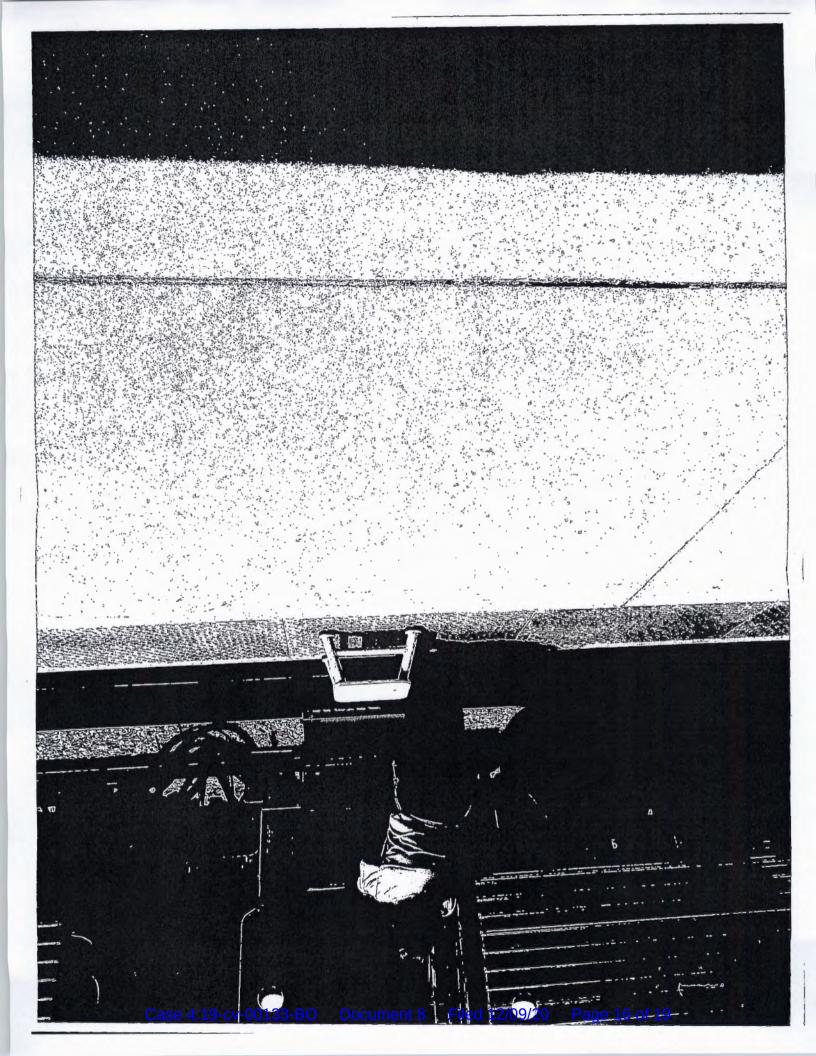
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Time for Change in Pitt County



Can I be your New SHERIF?

THIRD DISTRICT CONGRESSIONAL OFFICE 1105-C CORPORATE DRIVE GREENVILLE, NC 27858-4211

OFFICIAL BUSINESS

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Keith Green 4137-B Brook Creek Lane Greenville, North Carolina 27858

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